

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Marvin D. Spady	COURT CASE NUMBER	06-427-SLR
DEFENDANT	Danielle Kramka (Hudson et al)	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN → Danielle Kramka Sussex Correctional Institute		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 500 Georgetown, DE 19947		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<input checked="" type="checkbox"/> Marvin D. Spady S.B.I. 224202 D.C.C.H. 4.17 Au4 1181 Paddock Rd. Smyrna, DE 19947		Number of parties to be served in this case	6
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold
 2007 JAN - 4 PM  
 RG  
 Scan 1  
 FILED  
 CLERK OF THE  
 UNITED STATES DISTRICT COURT  
 FOR THE DISTRICT OF DELAWARE  
 Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Marvin D. Spady		N/A	10-24-06

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
					12/20/06

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.					
Address (complete only if different than shown above)	Date of Service 12/28/06 Time pm Signature of U.S. Marshal or Deputy SP					
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

 No longer @ SCI  
 Not Unexecuted